

FLIGHT PROCEDURES STANDARDS WAIVER

DATE:

1. Flight Procedure Identification:

2. Waiver Required and Applicable Standard:

3. Reason for Waiver (*Justification for nonstandard treatment*):

4. Equivalent Level of Safety Provided:

5. How Relocation or Additional Facilities Will Affect Waiver Requirement:

6. Coordination With User Organizations (*Specify*):

7. SUBMITTED BY

Office Identification:

Title:

Signature:

8. REGIONAL ENDORSEMENT		Approval Recommended	
		Not Recommended	
		Not Required	
Comments:			
Date:	Routing Symbol:	Signature:	
9. AVN ENDORSEMENT		Approval Recommended	
		Not Recommended	
		Not Required	
Comments:			
Date:	Routing Symbol:	Signature:	
10. AFS ACTION		Approved	
		Disapproved	
		Not Required	
Comments:			
Date:	Routing Symbol:	Signature:	